

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | FIL | | 4-27-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BT | 926 | 06-15-01 |
| RESPONSE FORMALITY REVIEW | HC | 712 | 0-04-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 7/30/03 |
| 2 | ✓ | ✓ | 8/1/02 |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-16-01
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